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The other rooms can be arranged as your patient and you decide, devoting one or two pages to each, leaving your kitchen for the next to the last page, and finish off with a back porch. There are so many different pictures in magazines you can complete a house very nicely, even setting the table in the dining-room, and giving the baby a bath in the bath-room. I had a little patient who was amused for weeks with this one thing (at intervals so as not to tire of it).

Another thing is to get large white beans and a box of tooth-picks. Soak the beans for a day in water and by sticking the sharp tooth-picks in, very many queer and funny objects may be made.

I forgot to say, that if a box of paints is handy, your house may be made more attractive, and more time consumed in painting things their appropriate color, the picture frames a light oak or yellowish, the tables mahogany, the ladies' dresses, etc.

I trust this may be of some assistance not only to Miss Bradley, but to others.

M. F. L., R.N.

PROBLEMS TO BE SOLVED

DEAR EDITOR: I am much interested in what M. J. W. says in the April JOURNAL regarding the care of male patients. I feel exactly as she does. My first private case was a man in the country, two miles from a telephone, ten from a doctor, and he had to be catheterized. Now in my training school there were internes or orderlies to do this and we had never prepared or catheterized a male patient. Much to my chagrin I had to ask the attending physician to show me how.

About three months after graduation I took a hospital position, and for several years have had charge of a small hospital, with neither interne nor orderly. I have a training school and teach my pupil nurses how to care for their male patients in all respects as for their female. I cannot believe that it hurts them in any way. Is it any worse for a nurse to care for a male patient than for a male physician to care for a female patient? I think not. No hue and cry has ever been raised about that subject, I mean in our day.

I should like to add a word in reply to R. M. K. in the same number—I do not think any hospital is justified in sending out pupil nurses for cases upon a plea of monetary needs—but I do not think that takes away the nurses' work after graduation. In this town a great many people *cannot* afford a trained nurse. It happened in my brother's family that he needed a nurse for a critically sick baby (who finally died) for three weeks. The seventy-five dollars paid her represented a greater share of his month's salary. Not that he grudged it, or paid it unwillingly, but those are the facts.

Now my idea, good or bad, is this: Send your nurses out for the last three to six months of their training, according to the length of the course, and for not longer than a week at a time. Give them a third or half of the fees. In this way it seems to me they would learn to meet all emergencies and the great middle class be cared for. They don't like practical nurses, but what are they to do unless we help? Of course this nursing should be only for those really unable to pay graduate prices. I suppose that once in a while we would be imposed on, but would not that be better than letting so many suffer?

Another case—another brother thought he could not afford a trained nurse. As a result his wife had cystitis for three weeks and a badly burned breast, the result of hot poultices applied for caked breasts.

M. B. N., R.N.